



Dan Bucks  
Director

# Montana Department of Revenue

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NOV 05 2007



Brian Schweitzer  
Governor

October 26, 2007

Ravalli County Commissioners

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RE:           **Application for Issuance of One Original (NEW) Montana Retail Off-Premises Consumption Beer/Wine License No. 13-999-6573-303, SULA COUNTRY STORE & RESORT, 7060 US Highway 93 S., Sula, Ravalli County, Montana**

## NEWLY LICENSED PREMISES

The above referenced application was received at the Department of Revenue, Liquor Licensing. Notice is being provided to you to give you an opportunity to advise if the applicant and premises meet all the laws and ordinances your office is responsible for regulating. We will be happy to provide any additional information that is needed.

Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

**This is an application for a new premises; a premises not currently licensed for the consumption of alcohol. Building, health and fire approval will be required before department approval will be considered. If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by November 25, 2007. If we receive a determination of a local deficiency, the license application process cannot be completed until the issue is cleared up at the local level.**

If you have any questions, please call (406) 444-0713.

Sincerely,

Tanya Stelzer  
Compliance Specialist  
Department of Revenue  
Liquor Licensing  
P O Box 1712  
Helena MT 59624-1712

c:     Department of Labor & Industry

CERTIFICATE OF SERVICE

I certify that on this 24<sup>th</sup> day of October, 2006, a true and correct copy of the foregoing has been served by placing same in the United States mail, postage prepaid, and addressed as follows:

RAVALLI COUNTY COMMISSIONERS  
COURTHOUSE  
205 BEDFORD ST #5001  
HAMILTON MT 59840

RAVALLI COUNTY ATTORNEY  
GEORGE CORN  
COURTHOUSE  
205 BEDFORD ST. #5008  
HAMILTON MT 59840

RAVALLI COUNTY SANITARIAN  
215 S 4<sup>TH</sup> ST STE D  
HAMILTON MT 59840

RAVALLI COUNTY SHERIFF  
PERRY JOHNSON  
205 BEDFORD ST #5022  
HAMILTON MT 59840

ADMINISTRATIVE ASSISTANT  
FIRE PREVENTION AND INVESTIGATION BUREAU  
303 NORTH ROBERTS BOX 201417  
HELENA MT 59620-1417

DAVID W COOK  
BUILDING STANDARDS SECTION  
BUILDING CODES BUREAU  
PO BOX 200517  
HELENA MT 59620-0517

  
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Return to:  
One-Stop Licensing  
Montana Department of Revenue  
PO Box 8003  
Helena, MT 59604-8003



DEPARTMENT OF REVENUE

Off-Premises  
Liquor License Application

Section 1: Entity/Transaction

Check appropriate boxes:

- |  |  |   |
|--|--|---|
| 1. Business Entity                               | 2. Transaction   | 3. License Type / Fee   |
| <input type="checkbox"/> Individual (one person) | <input checked="" type="checkbox"/> New License                                      | <input checked="" type="checkbox"/> Processing Fee - \$100.00 (All) ✓ |
| <input type="checkbox"/> Corporation             | <input checked="" type="checkbox"/> Transfer of Location - License # 13-999(6573)303 | <input type="checkbox"/> Off-Premises Beer - \$200.00                 |
| <input checked="" type="checkbox"/> Other        | <input type="checkbox"/> Corporate Structure Change - License # _____                | <input type="checkbox"/> Off-Premises Wine - \$200.00                 |
|  |  | <input checked="" type="checkbox"/> Off-Premises Beer/Wine - \$400.00 |
- Attach additional pages if more space is needed

Section 2: General Information

Instruction for completing applicant name.

- If Individual, list individual's name.
- If Corporation, provide current corporate statement or list of officers, directors and shareholders and Certificate of Existence/ Authority.
- If Other. . .
- If more than one individual, list names of all below.
- If partnership, list partnership name below then, individual partners' names and provide copy of the partnerships Certificate of Limited Partnership, Certificate of Fact or Certificate of Registration.
- If LLC, list LLC name below then, all members' names and provide a copy of the Certificate of Fact.

1. Name of Applicant(s) Sula Management, LLC  
Kurt W. Thomas and Deborah S. Thomas
- Business Telephone No. 821-3364 Fax No. \_\_\_\_\_ Federal Tax I.D. No. \_\_\_\_\_
2. Name of Person Managing Business John E. Kingsbury
3. Provided Personal History & Release of Information forms for each individual, partner, 10% stockholder, member or manager.  
☒ Yes ☐ No
4. Business/Trade Name Sula Country Store & Resort ✓  
(doing business as... Assumed business name must be filed with the Secretary of State's Office)  
Mailing Address 7060 US Highway 93 S.  
City, State, Zip Sula, MT 59871
- 4a. Address of premises to be licensed, if different than mailing address. Give Exact Location of Premises, including a street and number.  
Physical Address 7060 US Highway 93 S.  
City, State, Zip Sula, MT 59871
5. Is your location within an incorporated city/town? ☐ Yes ☒ No
6. Are the premises within any defined zones where the sale of alcoholic beverages is prohibited by city/county ordinances?  
☐ Yes ☒ No
7. Is your premises proposed for licensing operated as a ☒ Grocery Store If grocery store - attach copy of inventory (Form G-1)  
☐ Drugstore If drug store - attach copy of pharmaceutical license
8. Do you now or will you own the building proposed for licensing? ☐ Yes ☒ No  
If No, please provide a current or proposed lease or rental agreement. If Yes provide acceptable proof of ownership.
9. Is the building ready for occupancy? ☒ Yes ☐ No  
If No, indicate estimated date of occupancy: \_\_\_\_\_
10. Will you be remodeling or constructing the premises? ☐ Yes ☒ No  
If Yes, indicate estimated date of completion: \_\_\_\_\_ (Date)
11. Submit copy of current floor plan of licensed premises. Floor plan must include external dimensions and general layout on an 8½" x 11" sheet of paper. Identify trade name of premises, address and date.
12. Please send a copy of your bank signature card.

**Section 3: Temporary Authority**

The undersigned, requests authority to operate pending final approval of the license. Temporary authority may be granted to an applicant by the Department of Revenue if the current premises has been licensed in the past year for the sale of alcohol and no building, health, or fire deficiencies exist. Pursuant to ARM 42.12.122. The undersigned agrees that during the period of temporary operating authority, the applicant shall be responsible for all beer and wine purchased pursuant to Section 16-3-243, MCA (the seven-day credit limitation). I realize temporary authority will be immediately revoked if my employees or I violate any provisions of Title 16, MCA or the departments rules. Temporary authority cannot be granted for a transfer of location.

I would like temporary authority issued on 10/24/07 (Date)

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OCT 17 2007

**Section 4: Notice To Applicants****DEPARTMENT OF REVENUE**

In order for your application to be considered *complete* you must include all associated or related documents as indicated by your specific circumstance in the accompanying check sheet. Processing a license application takes approximately two (2) to three (3) months based upon the Department's determination of receipt of a complete application, if no deficiencies are received. You will be notified when a decision regarding the application has been made.

**Section 5: Declaration and Affidavit**

This application must be signed by the applicant or by a duly authorized representative of the entity submitting this application. The person who signs this application attests that the information contained in the application is correct and complete. Montana law says "Upon proof that an applicant made a false statement in any part of the original application, in any part of an annual renewal application, or in any hearing conducted pursuant to an application, the application for the license may be denied, and if issued, the license may be revoked." (Section 16-4-402, Montana Codes Annotated)

Kurt W. Thomas  
Signature

7-23-07  
Date

Kurt W. Thomas  
Printed Name

Member  
Title

Deborah S. Thomas  
Signature

7-23-07  
Date

Deborah S. Thomas  
Printed Name

Member  
Title

**Section 6: Corporate Statement (Includes Corporations, LLC's, LLP's and Partnerships)**

The stockholders/members/partners are:

Name	Address	Social Security Number	Date of Birth	Number of Shares
Kurt W. Thomas	3468 Sabrina Ct. Marietta, GA 30066	[REDACTED]	8/19/61	N/A -- 50% Member
Deborah S. Thomas	3468 Sabrina Ct. Marietta, GA 30066	[REDACTED]	2/8/63	N/A -- 50% Member

Total Shares: 100%

Officers and Directors of the Corporation are:

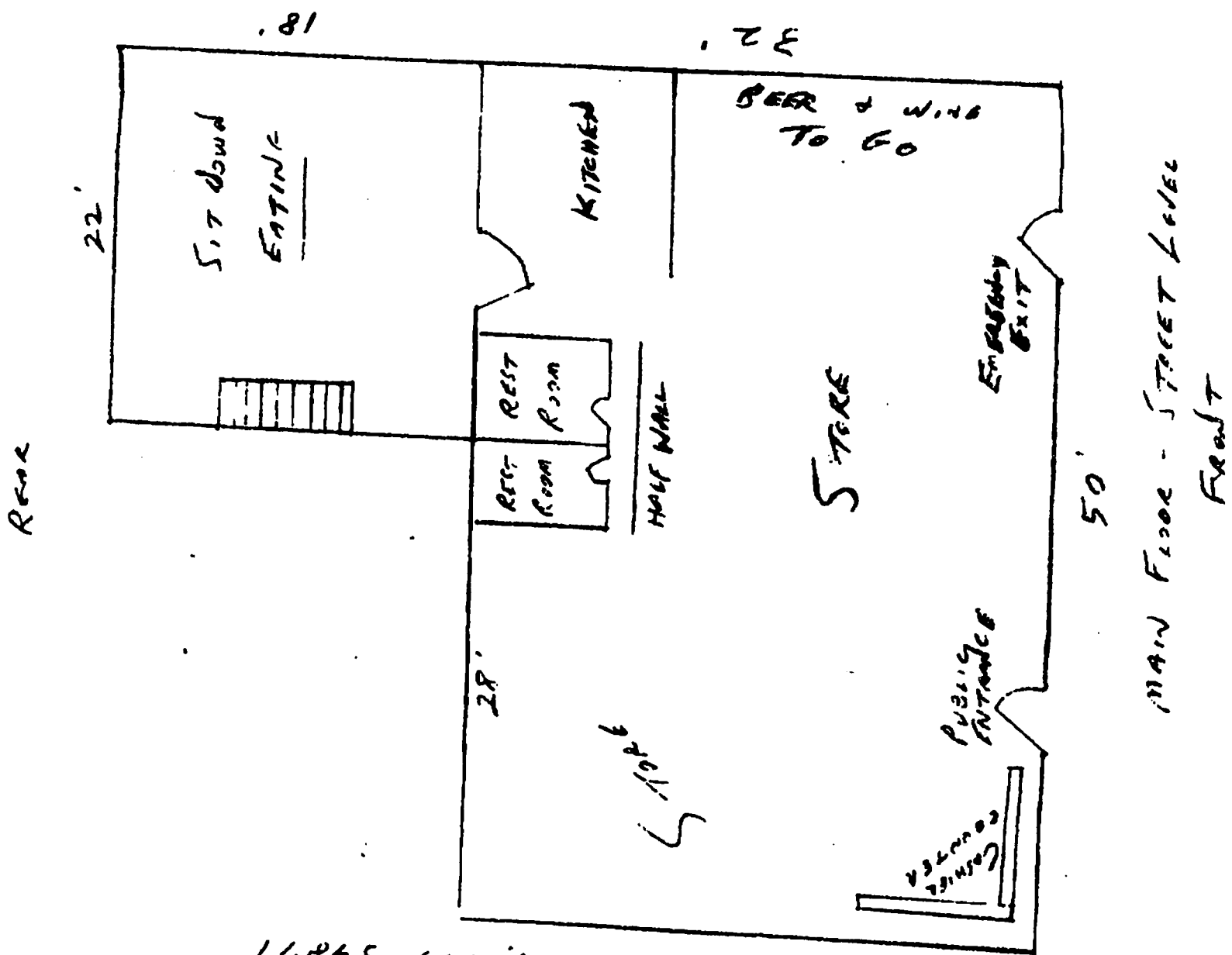
Name	Address	Title

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Date: July 13, 2007



License No. 1-999-6573-303  
SUN MANAGEMENT LLC  
180 SUN COUNTRY SQUARE  
7060 U.S. Hwy 93 S  
SUN. MT. 59871

STONE HONOLULU  
406 821-3364  
OFFICE PHONE  
406-821-1041